

APPLICATION FOR CERTIFICATE
REGARDING PUBLIC TRUST BOUNDARY

SECRETARY OF STATE
Public Trust Tidelands Office
Public Lands Division
Post Office Box 97
Gulfport MS 39502-0097
(601) 864-0254

No. _____

Date Received _____

1. OWNER IS:

_____ Individual _____ Partnership _____ Corporation _____ Public Agency

Applicant's Name _____

Address _____

Telephone () _____ () _____
Business Other

If there is more than one owner of record, please provide the information requested above for all such owners on a separate sheet of paper.

2. GEOGRAPHIC LOCATION OF PROPERTY:

Section _____ Township _____ Range _____ County _____

Nearest City/Community _____

Name of Waterbody (if any) _____

3. RECORDATION OF DEED:

This Deed is found in the Record of Deeds of the Chancery Clerk of _____ County,
District _____, at Book _____, Pages _____

4. LOCATION OF PROPERTY:

Subdivision, Block, and Lot No. _____

5. TAX ASSESSOR'S PARCEL NO. _____

6. LEGAL DESCRIPTION OF PROPERTY: (Please attach a copy of a survey of the property, if available.)

7. SIGNATURE AND CERTIFICATION:

All statements contained above are true and correct to the best of my knowledge and belief. I agree to provide any additional data or information which may be required or requested by the Office of the Secretary of State.

Signature of Applicant

Date

Title (If Partnership, Corporation or Public Agency)